



PERSONAL PROPERTY LISTING

PENALTY

DIANNE DOREY, ASSESSOR
LEWIS COUNTY
360 NW NORTH ST MS:ASR01
CHEHALIS, WASHINGTON 98532-1900
(360) 740-1410

DATE DUE
APRIL 30th 2011

5% penalty for each month after due date up to 25%.
Willful failure to file return form 100% penalty.

IT IS UNLAWFUL TO SELL
PERSONAL PROPERTY LISTED
WITHOUT PAYING TAX IN ADVANCE.

| MAIL TO | | SUPPLIES INVENTORY LIST AT 100% | |
|----------------------------|----------------|---|--|
| Account No.: | Tax Code Area: | January, 1, 2010 Inventory (If representative of monthly average) | |
| Name and Address | Use Code: | INVENTORY NOT HELD FOR SALE, supplies and materials not normally held for sale or which do not become and ingredient or component of an article being produced for sale. \$ _____ | |
| | | ____ Partnership ____ Corporation ____ Sole Ownership | |
| Personal Property Location | | If sole owner of this reported property, are you | |
| Real Estate Parcel No.: | | 1. The head of family?..... _ Yes _ No | |
| | | 2. A widow or widower?..... _ Yes _ No | |
| | | 3. A citizen over 65 yrs. of age with 10 yrs cont. state residence? .. _ Yes _ No | |
| | | 4. Claiming this exemption on any other form in this or other county? _ Yes _ No | |

| Line No. | Schedule | Description | Purchase Year | Purchase Amount |
|----------|----------|-------------|---------------|-----------------|
|----------|----------|-------------|---------------|-----------------|

Listing for 2012 tax year

PLEASE ATTACH A COPY OF YOUR I.R.S. DEPRECIATION SCHEDULE

AFFIDAVIT: I declare under penalties of perjury that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete listing of all taxable personal property (including consigned merchandise and leased equipment) in LEWIS COUNTY owned, held or controlled by me as of January 1st.

THIS LISTING AND STATEMENT
CANNOT BE ACCEPTED IF NOT
SIGNED BY THE PROPERTY OWNER
OR A DULY AUTHORIZED AGENT.

Owner or Agent (Signature): **X**

Owner or Agent (Print):

Date:

Phone Number:

THIS RETURN SUBJECT TO AUDIT AND VERIFICATION BY THE COUNTY ASSESSOR AND STATE DEPARTMENT OF REVENUE

THE CONTENTS OF THIS FORM CONFORM TO THE STANDARDS AS PRESCRIBED BY THE STATE DEPARTMENT OF REVENUE
YOU WILL RECEIVE A PERSONAL PROPERTY ASSESSMENT NOTICE